

SERIAL NUMBER 09/041,994	FILING DATE 03/13/98	CLASS 435	GROUP ART UNIT 1852 (648)	ATTORNEY DOCKET NO. UMM026
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APPLICANT J. DON CHEN, WESTBOROUGH, MA; HUI LI, WESTBOROUGH, MA.

CONTINUING DOMESTIC DATA***
VERIFIED PROVISIONAL APPLICATION NO. 60/073,674 02/04/98

NDP 10/19/98
371 (NAT'L STAGE) DATA***
VERIFIED

NDP 10/19/98

FOREIGN APPLICATIONS***
VERIFIED

NDP 10/19/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/30/98 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 16	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 21
Verified and Acknowledged Examiner's Initials	<i>NDP</i>				

ADDRESS
LAHIVE & COCKFIELD
28 STATE STREET
BOSTON MA 02109

TITLE
TRANSCRIPTIONAL COACTIVATOR OF STERPOD/NUCLEAR RECEPTORS AND USES
THEREFORE

FILING FEE RECEIVED \$1,429	FEES: Authority has been given in Paper No. _____ to charge/crédit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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BIBDATASHEET

CONFIRMATION NO. 4204

Bib Data Sheet

SERIAL NUMBER 09/041,994	FILING OR 371(c) DATE 03/13/1998 RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. UMM-026
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APPLICANTS

J. DON CHEN, WESTBOROUGH, MA;
HUI LI, WESTBOROUGH, MA;

**** CONTINUING DATA *******

This appln claims benefit of 60/073,674 02/04/1998

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

** 03/30/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 16	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 21
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

000959

TITLE

NUCLEIC ACID ENCODING VITAMIN D RECEPTOR RELATED POLYPEPTIDE

FILING FEE RECEIVED 1867	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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